## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

00-357

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                  |                                                                                       |                                           |              |                                |                     |                  |        | SMALL ENTITY       |                        |        | OTHER THAN          |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|--------------|--------------------------------|---------------------|------------------|--------|--------------------|------------------------|--------|---------------------|------------------------|
|                                                                                                                                                                                                                                                                           |                                                                                       |                                           | _ (Column 1) |                                | (Column 2)          |                  |        | TYPE               |                        | OR     | SMALL               |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                              |                                                                                       |                                           | 24           |                                |                     |                  |        | RATE               | FEE                    | 1      | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                       |                                                                                       |                                           | NUMBER FILED |                                | NUMB                | SER EXTRA        |        | BASIC FEE          | 355.00                 | OR     | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                   |                                                                                       |                                           | 24 minus 20= |                                | • .4                |                  | ſ      | X\$ 9=             |                        | OR     | X\$18=              | 72                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                        |                                                                                       |                                           | 4 minus 3 =  |                                | *                   |                  | Ì      | X40=               |                        | OR     | X80=                | 80                     |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                          |                                                                                       |                                           |              |                                |                     |                  | ı      | +135=              |                        | OR     | +270=               |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                  |                                                                                       |                                           |              |                                | "0" in c            | column 2         | L      | TOTAL              |                        | OR     | TOTAL.              | 862                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                               |                                                                                       |                                           |              |                                |                     |                  |        |                    |                        |        | OTHER               |                        |
|                                                                                                                                                                                                                                                                           |                                                                                       | (Column 1)                                | (Column 2)   |                                |                     | (Column 3)       | _      | SMALL E            | ENTITY                 | OR     | SMALL               | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                               |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                           | Total                                                                                 | •                                         | Minus        | **                             |                     | =                |        | X\$ 9=             |                        | OR     | X\$18=              | :                      |
|                                                                                                                                                                                                                                                                           | Independent                                                                           | *                                         | Minus        | ***                            | CLAINA              | =                | ſ      | X40=               |                        | OR     | X80=                |                        |
| <u>t                                     </u>                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |              |                                |                     |                  |        | +135=              |                        | OR     | +270=               |                        |
|                                                                                                                                                                                                                                                                           |                                                                                       |                                           |              |                                |                     |                  | L      | TOTAL              |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                           |                                                                                       | (Column 1)                                |              | (Colur                         | nn 2)               | (Column 3)       | А      | DDIT. FEE          |                        |        | ADDII. FEET         |                        |
| AMENDMENT B                                                                                                                                                                                                                                                               |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·            | HIGH<br>NUM<br>PREVIC<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                           | Total                                                                                 | *                                         | Minus        | **                             |                     | =                |        | X\$ 9=             |                        | OR     | X\$18=              |                        |
|                                                                                                                                                                                                                                                                           | Independent                                                                           | *                                         | Minus        | ***                            |                     | -                |        | X40=               | -                      | OR     | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                            |                                                                                       |                                           |              |                                |                     |                  |        | +135=              |                        | OR     | +270=               |                        |
| ·                                                                                                                                                                                                                                                                         |                                                                                       |                                           |              |                                |                     |                  |        | TOTAL<br>DDIT. FEE | ·                      | OR     | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                           |                                                                                       | (Column 1)                                |              | (Colur                         |                     | (Column 3)       |        |                    |                        |        |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                               |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE | ·      | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                           | Total                                                                                 | *                                         | Minus        | **                             |                     | =                |        | X\$ 9=             |                        | OR     | X\$18=              |                        |
|                                                                                                                                                                                                                                                                           | Independent                                                                           | *                                         | Minus        | ***                            |                     | =                |        | X40=               |                        | OR     | X80=                |                        |
|                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |              |                                |                     | · 🗆              | -      | +135=              |                        |        |                     |                        |
| • 1                                                                                                                                                                                                                                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |              |                                |                     |                  |        |                    |                        | OR     | +270=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                                                       |                                           |              |                                |                     |                  |        |                    |                        |        |                     |                        |
|                                                                                                                                                                                                                                                                           |                                                                                       | iber Previously Pai                       |              |                                |                     |                  | r foun | d in the app       | ropriate box           | in col | umn 1.              |                        |